Appl. No. 10/550,189

Attorney Docket No. 26979U

Response to Office Action dated March 3, 2008

Amendments to the Claims

This listing of claims replaces all prior versions, and listings, of claims in the application:

Listing of Claims

1. - 13. (cancelled)

14. (withdrawn) A method for treating rotational malfunction of the spinal by a means of the

implant as defined in claim 1, said method comprising:

a. exposing the spinal column over the apex of the proximal (upper) scoliotic curve;

b. placing the anchors to the higher scoliotic curve;

c. placing the anchors to the lower scoliotic curve;

d. making the subcutaneous tunnel between the two operating wounds by blunt

dissection under superficial iascia;

e. placing the spring-plate into the subcutaneous tunnel; and

f. twisting the distal (lower) end of the spring-plate along its longitudinal axis in the

opposite direction to the proximal (upper) end of the spring-plate.

15. (withdrawn) The method according to claim 14, wherein the exposing the spinal column over

the apex of the proximal scoliotic curve comprising;

a. making straight midline skin incision centered over the apex of the proximal scoliotic

curve;

b. deeping the incision to the level of the spinous processes; so the base part of the apical vertebra is extraperiosteally exposed from each side of it;

c. extending the extraperiosteal dissection sideways from the spinous process; and

d. going with dissection and retraction until the middle part of the transverse process on each side of the apical vertebra is exposed.

16. (withdrawn) The method according to claim 14, wherein the placing of the spring-plate into the subcutaneous tunnel comprising:

a. inserting the proximal end of the spring-plate into the slot under the connecting plate of the anchors assembly; and

b. securing the spring-plate to the anchors assembly by tightening of the two small screws.

17. (withdrawn) The method according to claim 14, wherein the placing the self-retaining retractors comprising the following stages:

a. placing the self-retaining retractors adjacent to the spinal column to hold the entire incision open and exposed;

b. placing the hook part of the anchor by sliding the tip of it under the base of the transverse process;

c. performing the same procedure on the other side of the vertebra;

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d. fixating the triangular slope-block part to the flat surface of the anchor located on the

convex side of the scoliotic curve;

e. pushing the anchors towards the middle line and to each other until they contact above

the spinous process of the apical vertebra and intact supraspinous ligament in the manner that no

ligament tissue is crushed between their docking parts; and

f. immobilizing both anchors by placing the connecting plate on the upper flat surfaces

of the anchors and loosely fixating the connecting plate.

18. (withdrawn) The method according to claims 14 and 15, useful for placing the anchors to the

lower scoliotic curve, comprising the step of performing a separate incision on the level of the apical

vertebra of the distal (lower) scoliotic curve wherein the connecting plate is affixed only to one

anchor located on the concave side of the scoliotic curve so the triangular slope-block is located on

the opposite side to the triangular slope-block of the upper anchor assembly.

19. (withdrawn) The method according to claims 14, wherein the twisting the distal end of the

spring-plate along its longitudinal axis in the opposite direction to the proximal (upper) end of the

spring-plate comprising:

a. adjusting the spring-plate to the flat surfaces of the distal anchor assembly; and

b. fixating the spring plate under the connecting plate using two small screws on each

end of the connecting plate.

20. (withdrawn) The method according to claim 14, wherein the final step is suturing the

operative wounds in usual fashion.

21. (withdrawn) The method as defined in claim 14, wherein the rotational malfunction of the

spinal column is Idiopathic Scoliosis.

22. (new) An implant for treating rotational malfunction of the spinal column, especially for the

treatment of idiopathic scoliosis, comprising:

(a) a plate having a first end and a second end;

(b) at least two anchors, for anchoring said first and second ends of said plate to the upper

and lower apex, respectively, of the scoliotic curve of the spine;

wherein said plate is formed of a material having inherent springiness, such that, following

twisting of said plate to a predetermined degree and implantation of said plate onto the spine using

said anchors, said plate functions to apply a progressive de-rotational force on said spine, so as to

correct the curvature of the spine in a gradual manner.

23. (new) The implant of claim 22, wherein said anchor comprises anchoring means, for

anchoring said anchor to a vertebrae of said spine, and connecting means, for connecting said anchor

to said first or second end of said plate.

24. (new) The implant of claim 23, wherein said anchoring means comprises at least one hook.

25. (new) The implant of claim 23, wherein said anchoring means comprises at least one clasping

member.

26. (new) The implant of claim 23, wherein said anchoring means comprises a first portion and a

second portion, and wherein each of said portions comprises a hook and clasping means, for fixing

said anchor to a vertebrae of said spine.

27. (new) The implant of claim 23, wherein said connecting means comprises at least one screw.

28. (new) The implant of claim 23, wherein said connecting means comprises a connecting plate.

29. (new) The implant of claim 22, wherein said plate is formed from a stainless steel having

inherent springy properties.

30. (new) The implant of claim 23, wherein said clasping member is configured for clasping the

spinous process portion of a vertebrae.

31. (new) The implant of claim 22, wherein said hook is configured for hooking onto the

transverse process of a vertebrae.

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32. (new) The implant of claim 22, wherein said plate has a length that is configured to extend

from the upper scoliotic apex to the lower scoliotic apex.

33. (new) The implant of claim 22, wherein said plate has a substantially elongated configuration

selected from one of the group consisting of: a polygon form, a rod-like form, a sheet-like form, a

helical form, a spring, a frame comprising parallel enforcing structures, a bundle of fibers, a screw-

like member, a network of warp and west enforcement, or a porosive matrix.